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ABSTRACT

The incidence of child abuse, child neglect, parental drug abuse, and other child-related problems is increasing rapidly. More children are coming to school at risk of failure. What can be done to prevent the cycle of poverty and poor education that results? Head Start is a good program, but even Head Start cannot help a third of its participants: the ones who arrive with disadvantages that are already too great. The Ounce of Prevention Program in the Chicago, Illinois area works with Head Start to help these children. The program prevents a certain degree of dysfunction by working with mothers as soon as possible after children are born. It is hard to fund the program, but the state and local businesses help, once they realize how cost-effective it is to raise healthy children. Ounce of Prevention programs try to keep teenage girls in school after they have babies; teach parenting skills to young parents; and staff medical clinics. Longitudinal studies show that Ounce of Prevention programs are working. But Head Start remains underfunded, and it is hard to give hope to the poorest of the poor, many of whom are the youngest parents. Changing the course of society's decline will require a massive change in direction in public policies relating to prevention. (SAK)

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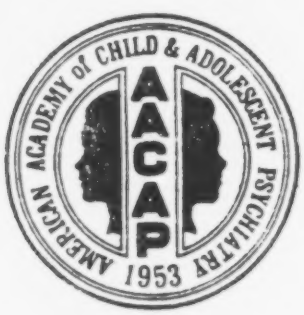
Child Development and the Cycle of Poverty

Keynote Address by Irving B. Harris, Chairman of The Ounce of Prevention Fund, to the American Academy of Child and Adolescent Psychiatry



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October 25, 1990

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The Ounce of Prevention Fund, established in 1982, is a public-private partnership which promotes the well-being of children and adolescents by working with families, communities, and policy makers. Recognizing the family's critical importance in determining children's futures, The Ounce of Prevention Fund focuses on strengthening positive relationships within the family and enhancing the family's capacity to care for its own members. Ounce programs, which target primarily communities with limited resources, are based on the conviction that it is more caring and effective to promote healthy child development than to treat problems later in life.

Three years ago when I gave the Clifford Beers Lecture at Yale University, I began with a question frequently asked of me. I am still being asked the very same question: "Why are you, a businessman, concerned about child development and the cycle of poverty?" This is followed by a sub-question, not necessarily verbalized: "What are you, some kind of a freak?"

The short answer, I guess, is I was programmed to be curious. I've always tended to ask a lot of questions. And when I read certain kinds of headlines in the newspapers, day after day, I ask myself, and others, "Why?"

Headlines like these from the *Chicago Tribune* or *The New York Times* of the last month:

> "Study Finds Inner City Kids Live with Violence"
>
> "Number of Inmates in U.S. Reaches Record"
>
> "Chancellor Planning to Distribute Condoms in New York's Schools"
>
> "Nation's Foster Care System Reeling Under Strain of Children in Distress"

"Milwaukee Establishes School for Black, Male Students"

"30% of Young Black Men Face Jail: Study"

If you read a daily newspaper or watch T.V., you keep hearing about all of these problems.

Are they serious? Yes, indeed.

Are they getting better or worse? Worse.

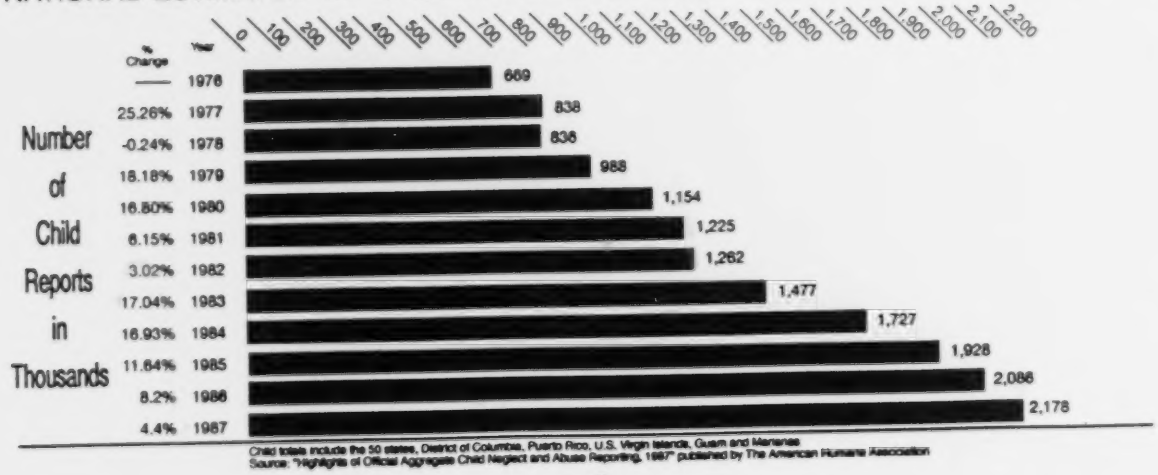
Let me show you some statistics. George Bernard Shaw said, "The mark of a truly educated man is to be deeply moved by statistics."

(See chart 1 - National Estimates of Child Abuse and Neglect Reports: 1976-1987. Next page.)

The most important question is: "What can we do about this?" We'll never have enough therapists to treat all these dysfunctional families whose children are being born at high risk of failure. The older they are, the more difficult it is to treat them successfully. And the problems compound. Poor interaction between infant and caretaker results very early on in impaired development which later frequently causes frustration and rage, often leading to violence and depression. These developmental delays can cause real, long-term problems in children and, of course, adults. One syndrome following violence now has a well-rec-

NATIONAL ESTIMATES OF CHILD ABUSE AND NEGLECT REPORTS - 1976-1987

chart 1



Child totals include the 50 states, District of Columbia, Puerto Rico, U.S. Virgin Islands, Guam and Marianas
Source: "Highlights of Official Aggregate Child Neglect and Abuse Reporting, 1987" published by The American Humane Association

ognized name - post-traumatic stress disorder. And I suspect it's very widespread in inner-city communities. It undoubtedly contributes to drug and alcohol abuse as PTSD victims try to lessen their tension - just as depression seems to lead to higher use of drugs and alcohol and smoking; and, in teenage girls, a greater chance of repeat pregnancy within six months of the last baby. Dr. Barry Zuckerman's study at Boston City Hospital shows this syndrome very clearly. The more depressive symptoms the new mother showed, the more likely she was to smoke heavily, abuse substances and get pregnant soon again.

Generally the trends seem to be negative.

Changing the direction requires a strategy of prevention.

The question is: "How *do* you prevent?"

I wish I knew with certainty, but there are some hints at answers, as we learn more about the cycle of poverty and poor education.

For example, six years ago I picked up *The New York Times* one day and read an account of an initiative taken by the Superintendent of Schools in Minneapolis, Richard Green, who later went on to become Chancellor of the New York system and then died suddenly a year ago. In order to improve his school system, he did

something radical. He decided he would not allow anyone to go into tenth grade unless that student had satisfactorily completed all his ninth grade work. He wanted to be sure that tenth grade classes would not be slowed down by students who were not capable of learning at the tenth grade level. He not only set up a matriculation test at the end of ninth grade, but did the same thing for seventh grade, fifth grade, second grade and kindergarten. And, much to everyone's surprise, 10% of the kindergarten class flunked, were considered "not ready" for first grade. *The New York Times*, as well as the parents, were shocked.

What was behind so many young school children failing so soon? Clearly many entered school already burdened by serious problems. When did these problems begin? For an ever-increasing number the problems begin at conception with compromised fetal development that result in health deficits before birth. These problems are compounded when the babies depend for nurturing on single mothers who are often unable to provide for their infants' normal or special needs. Last year more than one million births - one-quarter of all U.S. births -were to unmarried mothers. (See chart 2, next page.) Yet few people are willing to speak out on this

Total Live Births With Numbers and Percentages of Births to Unmarried Women: United States, 1950-1988

Year	United States		
	Total Live Births	Births to Unmarried Women	
		#	%
1950	3,632,000	141,600	3.9
1951	3,820,000	146,500	3.8
1952	3,909,000	150,300	3.8
1953	3,959,000	160,800	4.1
1954	4,071,000	176,600	4.3
1955	4,097,000	183,300	4.5
1956	4,210,000	193,500	4.6
1957	4,300,000	201,700	4.7
1958	4,246,000	208,700	4.9
1959	4,286,000	220,600	5.1
1960	4,257,850	224,300	5.3
1961	4,268,326	240,200	5.6
1962	4,167,362	245,100	5.9
1963	4,098,020	259,400	6.3
1964	4,027,490	275,700	6.8
1965	3,760,358	291,200	7.7
1966	3,606,274	302,400	8.4
1967	3,520,959	318,100	9.0
1968	3,501,564	339,200	9.7
1969	3,600,206	360,800	10.0
1970	3,731,386	398,700	10.7
1971	3,555,970	401,400	11.3
1972	3,258,411	403,200	12.4
1973	3,136,965	407,300	13.0
1974	3,159,958	418,100	13.2
1975	3,144,198	447,900	14.2
1976	3,167,788	468,100	14.8
1977	3,326,632	515,700	15.5
1978	3,333,279	543,900	16.3
1979	3,494,398	597,800	17.1
1980	3,612,258	665,747	18.4
1981	3,629,238	686,605	18.9
1982	3,680,537	715,227	19.4
1983	3,638,933	737,893	20.3
1984	3,669,141	770,355	21.0
1985	3,760,561	828,174	22.0
1986	3,756,547	878,477	23.4
1987	3,809,394	933,013	24.5
1988	3,909,510	1,005,299	25.7

issue.

Chester Finn, formerly Assistant Secretary of Education under William Bennett, is an exception. He stated: "We know that a well-functioning society must condemn behavior that results in people having children who are not prepared to be good parents. I find it astonishing that, in the face of that knowledge, today we seem to attach more opprobrium to dropping out of school, experimenting on a cat, or uttering nasty remarks on campus than we do to giving birth to what, not so many years ago, we called `illegitimate' children. I am making a point about morality, yes, but the larger point is about honesty: Children fare better in some circumstances than others, and no decent society will remain silent when it comes to pointing out which circumstances are which. We do this not because we enjoy sermonizing, but because if we really care about `at-risk' children we need to help people understand - and internalize - the behavioral norms that make for environments in which children thrive."

He went on to say there are two crises in education: "One is epitomized in the fact that the average child emerging from the average school...has not learned nearly enough. That crisis I think we know how to deal with, even though we

haven't dealt well with it yet....

"The second crisis is another matter altogether. It is the plight of what we used to call deprived or disadvantaged children, boys and girls who some call the children of the underclass or, more commonly today, `at-risk' children. I'm talking about kids who are at risk of a great deal more than not learning enough math, science, history and geography, though that remains part of their problem, too. They are at risk sometimes of life and limb, of body and soul, of spirit and morality, of abandonment and abuse, of drugs and poverty, of neglect and crime and prison. And of reproducing under circumstances that make it likely that their progeny, too, will be at risk in the same ways only perhaps worse."

In 1970 there were nearly 400,000 children born out-of-wedlock. Some social scientists have stated that fewer than 25% of children born to single parents make it out of poverty. Three out of four do not. If we assume for a moment that out of these 400,000 children born out-of-wedlock in 1970, 100,000 of them did reasonably well in school, but the 300,000 did not do well in school, that's an interesting fact. It is probably importantly tied to events 18 years later, in 1988, when, according to President Reagan's Secretary of Labor, Ann McLaughlin, 700,000

students graduated unable to read their diplomas and another 700,000 failed to graduate. And these 1,400,000 functionally illiterate teenagers - 37.5% of their age group - are unlikely to find jobs in today's market.

In other words, the problem is not solely that of the 300,000 or so children who arrived at school in 1975 already educationally disadvantaged. Their inability to do school work was *contagious*, and probably affected 1,100,000 more children - their classmates.

When I talked to a friend of mine who taught kindergarten in the Chicago Public School system, she said she wasn't surprised by the results in Minneapolis, where they found 10% of kindergartners "not ready" for first grade. As a matter of fact, in Chicago she thought the percentage of children "not ready" for first grade would have been over 20%. She went on to say that she was an experienced teacher and could handle a class in which one child was "not ready." But she hastened to add, if she had two or three children who were "not ready," she would have to shortchange the whole class. By "not ready" she meant a child who had a low span of attention or was hyperactive or had a hearing problem or a vision problem or was prone to violence or had a learning disability.

Just to satisfy myself, I spoke individually to five other teachers. Each used the same terms, said she was well-trained and could handle one child who was "not ready" without shortchanging the whole class. But then each quickly added that if she had two or three children in the class who were "not ready," there was no way she could avoid shortchanging the whole class. After further questioning, all of the five inner-city teachers told me they realized they were shortchanging the whole class every day, every week, and every year.

No wonder then, that when the Chicago schools were required by our legislature four years ago to test graduating high school students and compare their scores to national norms, they found that more than half of Chicago's 58 high schools which were tested ended up in the lowest one percentile of the American College Testing (A.C.T.) universe. A.C.T. annually profiles graduating students in 5,400 high schools. One percent of 5,400 is 54. Thirty-five of Chicago's 58 schools which took the test were in the bottom 54. "Shortchanging," as a figure of speech, was not an exaggeration. It was true. Incidentally, Cleveland, Detroit, New York and most of our big cities are not in the A.C.T. sample. I'd guess they are about as bad as Chicago schools.

What can we do to get kids ready for school?

You recall that 25 years ago President Lyndon Johnson announced the War on Poverty and with it our nation's recognition that even before age 6 and kindergarten, many poor children were being understimulated.

Just 25 years ago this month, Gerhart and Maria Piers talked to me when Head Start funding was about to begin. I was easily convinced about the importance of early childhood development by having read *Crisis in Black and White* by Charles Silberman. Published in 1964, Chapter IX was titled "The Negro and the School." It started with a quotation from Isaiah, "Shudder, you complacent ones." Silberman said: "The public school offers the greatest opportunity to break down the cultural barrier that helps block the Negro's advance into the main stream of American life. But the opportunity is being muffed: no city in the United States has even begun to face up to the problem involved in educating Negro - or for that matter - white slum youngsters."

Further, he stated: "But we will not begin to solve the dropout problem until we recognize that it does not begin in high school, nor even in junior high school. For that matter, neither does it begin in kindergarten

or first grade, although this is the point at which schools, as they now are constituted, must begin to deal with it. It should be clear from the foregoing discussion that the dropout problem begins in the cradle - or, more accurately, at the point at which the child leaves the cradle and begins to crawl around his home, exploring his environment and developing the basis for his future intellectual development."

And then he said, prompted by hope rather than experience, "To reverse the effects of a starved environment - to provide the sensory and verbal and visual stimuli that are necessary for future learning and to teach the specific skills that are prerequisites to learning how to read - the schools must begin admitting children at age 3 or 4 instead of at 5 or 6. The nursery school holds the key to the future - but a very different kind of a nursery school from the one with which most Americans are familiar."

I say hope rather than experience because the evidence seems to indicate that shortchanging a child between birth and 2 years of age cannot be entirely reversed at age 3 or 4.

As Maria and Gerhart Piers clearly foresaw, Head Start requires teachers trained in early childhood development. They believed Chicago should have a training institute that could

train teachers of teachers. Frankly, when we started I had no idea our training program, known as the Erikson Institute, would still be around and robust 25 years later.

My curiosity about child development grew and kept growing as I listened to individuals whom the Erikson Institute brought to Chicago including James and Joyce Robertson, Piaget, Anna Freud, Erik Erikson, Milton Senn, Al Solnit and many others. And I read more or less extensively on the subject. I was particularly impressed with the writings of Benjamin Bloom.

About that time I had occasion to meet Dr. Joe Marcus of the University of Chicago. I was told he was an "infant psychiatrist." He wanted The Harris Foundation to finance a videotape to illustrate to medical students how developmental delays in infants looked.

The first time I heard the term "infant psychiatrist" I conjured up a picture of an infant sitting in a big, winged chair with a notebook on his lap and a pen in his hand, and an adult lying on the sofa. In any case, at the University of Chicago Joe was also planning, with National Institute for Drug Abuse money, to study two groups of infants: one, those whose mothers were poor and on methadone and, two, those whose mothers were

just poor.

Rather than simply observing these children, it occurred to me that somebody ought to set up an experimental group and see whether therapy could improve the outlook for these kids. I suppose you would call this prevention. This was the start, some 15 to 18 years ago, of the Parent-Infant Development Service at the University of Chicago's Child Psychiatry Clinic.

Fifteen years ago Bernice Weissbourd, who had been a Head Start teacher, realized from her experience that while Head Start is effective for many children, it also misses a lot of children who are so far behind by the time they are 3 or 4 years old, that Head Start really doesn't help.

She said that roughly one-third of the children in her Head Start program in the Henry Horner Project in Chicago had been nurtured well in their homes and had done well in the Head Start program.

Another third, however, came to the program with some developmental delays. It took a tremendous amount of work on the part of Bernice and Joan Costello, who was working with her, to make much of a difference in the prospects for these children, but they felt they had succeeded in helping them.

With respect to the final third, Bernice and Dr. Jay Hirsch, consultant

to the project, admitted candidly that they just could not reach those kids. The children were apathetic or unruly and no matter what the staff did in the two year period that they had the children, it did not seem to help much.

Bernice convinced me that I should join her and her husband in providing support to establish Family Focus. Her idea was to set up in Evanston a family drop-in center where she would try to improve the odds for better interaction between new mothers and babies. This would help all children and prevent a certain degree of dysfunction in children by working with the mothers as soon as possible after the children were born.

I was attracted by the prevention concept, that for a relatively modest investment of about $1,000 a child per year, the odds could be improved for that child's being successful in school and eventually in life. I didn't know what proportion of children we could help, but I assumed that if the parents were generally interested and competent enough to come to the program regularly, prevention of delayed development in children could really be achieved. I thought for those children "at-risk," maybe we could make a difference in at least half of them.

About the same time, I undertook to try to learn how much it costs if

society does nothing. You know the slogan, "Pay me now or pay me later." What is that cost later? What does it cost when we fail to prevent? I wrote to the dean of the School of Social Service Administration at the University of Chicago, then Harold Richman and also Sidney Davidson who was dean of the Graduate School of Business Administration at the university and asked them to estimate the cost to society of a failed life. Every time I would encounter them in the following year they'd look at me sort of sheepishly and say, yes, they had been thinking about it, but they hadn't really gotten around to providing any answers. Finally, I answered the question myself by assuming a life span of 30 years and an average cost to society of $10,000 a year. (Of course, prison is much more expensive.) That would come to $300,000 per failure.

As I've used that number in discussions with knowledgeable people, I've never had anyone tell me that they thought my estimate was exaggerated nor that the outcomes were anything but dismal for children born into multi-risk families. Incidentally, Northwestern University, five years ago, did a major study paid for by the Executive Service Corp. of Chicago, on the cost to the State of Illinois only for the first five years of each annual

cohort of 23,000 babies born to teenagers. *Their careful estimate was* $853 million annually - *$37,000 per child.*

Getting back to Family Focus, we had trouble raising money for our annual budget and still do. As a partial solution to fund-raising, it occurred to us that businesses ought to have an interest because dysfunctional families are costly to business. Our company has a plant in Aurora, Illinois, where we manufacture First Alert smoke detectors. We decided that we would undertake to develop a Family Focus center there. Aurora is a town of 60,000 with poor, Hispanic families constituting about one-fourth of the population. Many Hispanics work for us. We asked the Illinois Department of Children and Family Services (DCFS) if they would join us in funding this program in the expectation that it would not only be good for our employees, but would *prevent* some child abuse and neglect at later times and, therefore, would save DCFS money down the line.

Much to my surprise and delight, I found Gregory Coler, the Director, very eager to undertake a program in what he called "primary prevention." We asked for $25,000 a year for three years - about one-quarter of our estimated budget. Coler said he *wouldn't* give us $25,000, but *would* put up $400,000 if our company would match

it. That would fund six programs. This was the birth of The Ounce of Prevention Fund, now nine years old. With these programs we would be able to find out whether prevention really worked. Coler promised that the state alone, without any help from our company, would fund the whole program in the succeeding two years. He believed a three-year experiment ought to tell us a lot.

We planned to have an evaluation by the end of the third year. That, however, turned out to be unrealistic.

Ever since we started, people in the state, administrators and legislators, believe the "Ounce" is successful. In the opinion of Coler, later his successor, Gordon Johnson, and, more importantly, Governor James Thompson, the prevention program was appealing enough to warrant more money. Even in the second year, instead of putting in $800,000, the state invested $2,800,000 and in the third year $4,500,000 and last year it was $7,500,000. Yet that impressive amount spent on prevention represents less than one-quarter of one percent of the combined budgets for the State of Illinois Departments of Corrections, Public Aid, Public Health, Mental Health and Developmental Disabilities, Alcoholism and Substance Abuse, and Children and

Family Services. Additional costs to society which could be reduced include building more and more prisons and what we all pay in higher insurance premiums.

Pittway, incidentally, while not obligated, has continued now for eight more years to contribute $325,000 annually. This annual contribution provides much needed flexibility and funds for experimental programs.

All together our annual Ounce budget these days, including money we get from Head Start in Washington and certain corporate and foundation money, runs to $12,000,000.

I have felt all along the Ounce gives us a license to learn how to prevent. We still have the license and I think we are accomplishing a certain amount of prevention. Maybe the implied 16:1 ratio of the Ounce being worth a pound of cure is optimistic; maybe not. Incidentally, finally we are undertaking what I think will be a realistic, objective evaluation. One year from now, I think we will be able to check out our subjective judgments and learn objectively what we've accomplished.

What do we do in Ounce programs? We try to keep high school girls in school after they have had their baby, discourage them from having a second baby while they are still in school and encourage them to

get prenatal care so that their babies will be in better health at the time that they are born. With young parent groups we teach them something about what to expect from children and skills of parenting. Five years ago we opened our first school-based medical clinic offering general medical care plus family planning. We now have three clinics in Chicago. And four years ago we started the Beethoven Project in the Robert Taylor Homes to work with difficult multi-problem families by offering comprehensive services using home visitors, a medical clinic, drop-in center and teenage discussion groups.

As you all know, multiple risks exponentially increase the odds of rotten outcomes.

In the 39 programs funded by the Ounce, about ten are now doing developmental screening of infants, at about age 6 months. In most programs with teenage moms, the staff, particularly the paraprofessional staff with background in the community, tend to identify with the teenage moms. This often results in our staff's paying most attention to the problems of the mom so the baby receives little attention from either the mom or the staff. And we know "infants can't wait."

In our efforts to promote better interaction between moms and babies,

we've been using the Denver Developmental Screening Test, not really to find delays, but to draw the attention of both the paraprofessional and the mom to the baby's repertoire of cues and reactions. In a sense, the Denver test helps the mom and paraprofessional to discover the baby. We feel this is very useful. Of course, it requires much follow-up and a great deal of training for the staff. Time and again we have problems in programs because we just can't find or train good staff - at least not enough.

There is currently heightened interest all around the country on the part of state governments, agencies of the Federal government, corporations and foundations in the problems we are having with America's children. There have been a good many reports written. One of the best was The Institute of Medicine's National Forum published in 1989. They reviewed 22 of the best studies made in the past five years and then extracted what they felt was the substance of the findings. I quote:

"**Interrelatedness of the Problems.** The interrelatedness and complex nature of the problems affecting children and families defy simple, unidimensional solutions. A recurrent theme is the recognition that there is no single causal factor or quick fix to

the many complex, interwoven, and oftentimes intergenerational problems of America's children. Growing up in poverty or being dependent on welfare often translates into poor health, inadequate education, or the inability to obtain employment or earn a decent wage. These deficits can be carried through the course of several lifetimes, affecting children, their families, and their children's children. Children from poor and single-parent households are more likely to be children of teenage parents and to become teenage parents themselves.

"The interrelationship among the causal factors requires an equally integrated approach to the solutions. *Throughout the reports, a recurring message is that, to find lasting solutions to the problems of children and families, it is necessary to address many issues simultaneously, including the state of the economy, the quality of education, the condition and availability of work, and the general welfare system."* (Emphasis added.) I would also add: decent and safe housing, wages at least double the minimum wage, and a solution to the drug problem.

Recently, business groups, notably the Committee for Economic Development (CED) and, more recently, the Business Roundtable have become very involved in education. Business groups are recognizing that they can't

afford to ignore the issue. In the draft of their new report, *"The Unfinished Agenda: A New Vision for Child Development and Education,"* CED concluded: "In the past, society's responsibility for providing educational opportunities for children started with their entry into school. But a new understanding of how children learn makes it clear that our nation can no longer afford to wait that long. The development and education of all of our children from the earliest stages of their lives must be made a national priority, and throughout that process, the needs of the whole child, from conception through adolescence, must be addressed. Children must be better prepared for school and motivated to take advantage of educational opportunities. At the same time, the nation's schools must be restructured so that they more effectively respond to the changing developmental and educational needs of children.

"We believe that it is more important than ever to act on the knowledge that our children are our future. If we fail to nurture and educate *all* of our children, we will be closing the doors of opportunity to a growing number of undereducated young people and excluding them from participation in the mainstream of American life. The cost of failure is enormous, for at stake is the survival of our free-enterprise

economy, our democratic system, and the American Dream itself."

The Business Roundtable has pledged for the next ten years to make public education their priority, working with all 50 governors of the U.S. And, of course, the governors, all the governors, are very interested in children and their education because businesses are having a terrible time finding applicants for jobs who are qualified even for entry level positions. Businesses won't locate a plant in their state unless the educational system promises good workers.

Just last week, as a member of the National Commission on Children, I met with a group of businesspeople in Minneapolis. The chief executive officer of Investors Diversified said that in Minneapolis alone they have 4,000 jobs. Of those, after careful analysis, they determined that 200 could be filled by competent high school graduates. All of the others require college education.

Increasingly, there are very few jobs for people who are not well educated. And "well-educated" means a lot more than simply a high school diploma which, in many instances, is not worth much.

The question is asked frequently, "Does anything work?" The answer is, of course, yes. The Family Development Research Program worked quite well. This was a successful experiment with very early childhood programs which was federally funded and operated between 1969 and 1975 in Syracuse. Using well-trained, competent staff, it offered comprehensive services to 80 low-income families with children between 6 and 60 months of age. The major goal was, "The support of child and familial behaviors that sustained growth and development after intervention ceases." By age 5, children in the experimental program-boys *and* girls-showed statistically meaningful gains in their cognitive functioning compared to the 80 control children. Neither social nor emotional gains were measured because they were too hard to gauge. After age 5, these 80 program children, all of whom were ready for kindergarten, were scattered among numerous public schools close to where they lived and not concentrated in any particular school.

From the longitudinal study undertaken when the Syracuse children were 15 years old, it was apparent to the program director that particularly for program boys, the peer pressure from their classmates had militated against their continuing to

do well in their cognitive performance. The program girls retained their superior records, while the program boys did not.

At age 15 the principal measurable difference for the program boys was in their functioning in society. Out of the 65 experimental program children who could be found 10 years later, only 4 had been placed under supervision of the probation department, contrasted with 12 of the 54 control children who could be located, 6% versus 22%. This translated to an estimated cost to society for court processing, probation services, supervision and detention of $186 per child in the program group compared to an estimated $1,985 per child in the control group, more than 10 times as much.

Not only did the incidence of juvenile delinquency in the control group far exceed that of the program group, but so did the severity of their offenses. The four program children were mainly described as "ungovernable" while the offenses charged to the control group were more serious: burglary; assault, second offense; robbery, second offense; attempted assault, second offense; sexual abuse; criminal mischief; violation of probation; petty larceny. In other words, the difference was not only a tenfold higher cost in dollars to the probation

department, but a clear warning of much heavier costs to come from later prison sentences.

Head Start also works. One extremely good Head Start type program was the Perry Preschool Project carried out in Ypsilanti, Michigan. (See chart 3, next page.) In that program a careful study of the experimental group, who had had two years of a good preschool program coupled with home visiting, was compared with a control group who had no preschool and no home visiting. Of the control group, 49% graduated from high school, while 67% of the experimental group finished high school. That's quite a difference, 18%. But when you think about it, it's still discomforting that 33% of the experimental group still did *not* finish high school and 31% of the experimental group, at age 19, were judged to be functionally incompetent. Again, home environment, shortchanging by the public school system, and probably peer pressure accounted for the failure of 33% of the experimental group.

But it's interesting that Head Start, which is now 25 years old, is still funded at a current level which accommodates less than 25% of poor children. The President has recommended that in the next budget it be increased from an expenditure of $1.4

SUMMARY OF THE RESULTS OF THE PERRY PRESCHOOL PROJECT

chart 3

Figures in percents

	Experimental Group	Control Group
In education		
Classified as mentally retarded	15	35
Completed high school	67	49
Attended college or job training programs	38	21
In employment		
Hold jobs	50	32
Support themselves or are supported by spouse	45	25
Satisfied with work	42	26
In the community		
Arrested for criminal acts	31	51
Birth rate	64*	117*
Public assistance	18	32

*Per 100 women

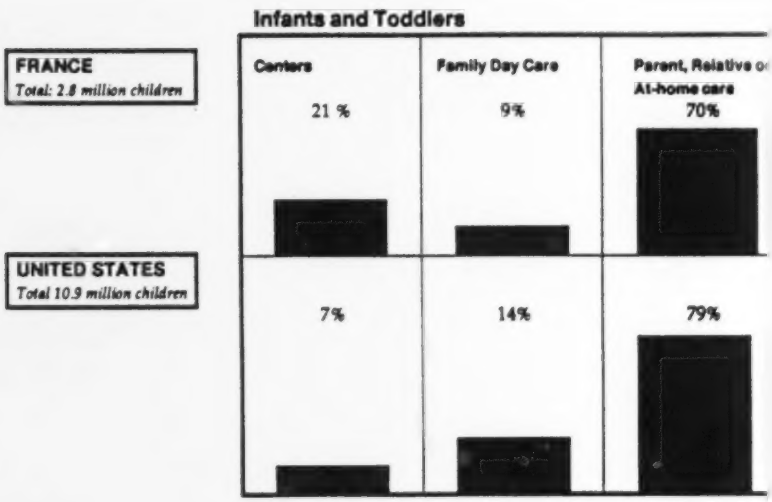
Source: David P. Weikart, *Quality Preschool Programs: A Long-Term Social Investment*, Occasional Paper No. 5, Ford Foundation Project on Social Welfare and the American Future (New York, NY: Ford Foundation, 1989).

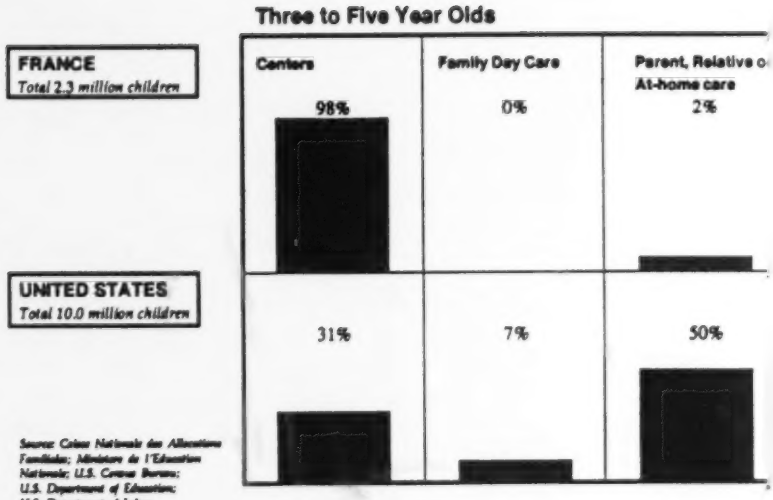
billion to $1.9 billion, still less than $2 billion. The French, by contrast, spend $7.12 billion on "publicly sponsored child care and education." A recent report of the French-American Foundation concludes, "If the United States were to commit equivalent public resources to child care and linked health services, this would approximate $23 billion a year...triple our present public expenditures." The result is a dramatic contrast between the number and percentage of children in child care in France compared to the U.S. (See chart 4, next page.)

As a nation we do spend significant amounts on education for older children. In the last three years we have increased our annual spending for education from the age of 6 on up from $284 billion to $360 billion. That's a $76 billion increase. Apparently, very few people really believe that it makes much difference what you do before the age of 6 since we spend less than $2 billion on Federal programs for the education of children age 5 and younger compared to $360 billion for 6 and older.

chart 4

CHILD CARE USE BY TYPE IN FRANCE AND THE UNITED STATES, 1985





Source: Caisse Nationale des Allocations Familiales; Ministere de l'Education Nationale; U.S. Census Bureau; U.S. Department of Education; U.S. Department of Labor.

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I have come to believe that the most significant events in determining one's ultimate educational achievement occur mostly in the very earliest stages of development. I envision these time periods as accounting for a disproportionate share of successful educational outcomes. (See chart 5, next page.)

In the past year, Dr. Toby Gross at Stanford has reported on a carefully designed study of children born at low birthweight (funded by the Robert Wood Johnson Foundation). Stanford supervised eight programs conducted by eight different medical schools. Each of them identified 135 low birthweight babies of whom, at random, 45 were put into an experimental group and 90 left as controls.

The treatment for the experimental group was weekly home visiting for the first 12 months, followed by nursery school five days a week in the second and third year, with a ratio of four children per teacher at a center, and bimonthly parent support group meetings. Obviously, this resulted in considerably more stimulation and parental support than the children would normally have had. And the results were quite gratifying. For the sample of children born above 2,000 grams, but less than 2,500 grams, the mean gain in IQ was 13.2 at the age of 3, enough to move many of those

chart 5

ESTIMATED CONTRIBUTIONS TO SUCCESSFUL EDUCATIONAL OUTCOMES

CONTRIBUTION %	AGE	EDUCATIONAL STAGE
15	5 - 25 YEARS	Formal
15	2 - 5 YEARS	Preschool
15	0 - 2 YEARS	Caretaker Interaction
20	**FETAL** Post conception - Birth	Fetal Development
35	**AT CONCEPTION**	Genetic Endowment

children from being rated as retarded to normal.

In the children smaller than 2,000 grams, the results were only half as good, but nonetheless quite positive. Those programs, if expanded, of course, would be not only very expensive, but also would require a huge increase in trained and talented individuals to provide the therapy.

Incidentally, our nation is very, very slow in the training of sorely needed public health nurses, nurse practitioners, early childhood development people, social workers, and paraprofessionals in all of these categories. As a consequence, even if we had all the money necessary to mount huge programs, it would take us at least ten years to rev up and train the needed personnel. That does not seem to be anything like an immediate prospect.

There are quite a few programs going on all across the country. Even assuming that everything we're doing now is working moderately well, we are still losing ground fast. One thing that I could visualize that might make a difference would be to broaden our perspective to include addressing reproductive risks that exist before conception ever occurs. Prevention of births to high-risk mothers would entail attacking the circumstances that, by definition, jeopardize their chances

for having and nurturing healthy babies. For some, notably adolescents, this means programs aimed at delaying pregnancy until the young girls are better prepared to care for themselves and their progeny. This would require a major change in the political attitude of our society. If we could stop arguing about right to life and the charge that sex education promotes promiscuity, and instead vigorously counsel high school girls who are sexually active about their options, this would be a start. As you all know, it is now estimated that 80% of teenagers have been sexually active, and most of them, over half, do not contracept in the first six months.

Some people are beginning to talk about prevention alternatives that are quite drastic, reminiscent of Hitler. But these prevention efforts must not be limited to reproductive options. Adolescents must have support and guidance on an individual basis to pursue other realistic alternative goals that include education and eventual employment. The decision to have a baby should be an affirmative choice, not the unplanned and unwanted outcome of risky behavior that all too often reflects the perceptions by these adolescents of an absence of actual alternatives.

Being unwanted at birth may beget lifelong hardships. In Czechoslovakia,

where as early as 20 years ago, abortion was available to practically all who wanted it, a natural experiment occurred. The results of the research were published in the past year. There were 220 children born in Prague between 1961 and 1963 to women who, for particular reasons, were denied abortions not once, but twice, for the same pregnancy. Social scientists were able to match the later lives of those babies with other births the same day to mothers and fathers of similar socioeconomic status.

What they found was that the unwanted children fared much worse in life than those whose mothers did not seek abortion twice. Their research showed that, among other things, at age 9, the unwanted children generally had fewer friends and less-developed language skills than the other children. By their mid-teens, more of the study subjects had sought academic or personal counseling; as a whole, they were more hyperactive and less sociable. Fewer went on to secondary school, opting for vocational schools or a trade. In their 20's, twice as many of the unwanted, that is 23 versus 11, were sentenced in a criminal court and usually for more serious crimes. Psychiatric disorders were more common among the unwanted, as were marital problems and a general dissatisfaction with life. The

authors concluded, "The child of a woman denied abortion appears to be born into a potentially handicapping situation."

In Illinois, the number of births to teenagers which had dropped consistently from 1980 until 1986, increased in 1987 to 22,500 births, and again in 1988 to 23,500 births. Furthermore, because the number of young women in this state between the ages of 10 and 19 has been decreasing, these data mean the teenage fertility rate has also increased.

How much prevention is accomplished in school-based medical clinics?

We've had only modest success with the three inner-city clinics we have funded. The fact is we cannot undo the grim realities of the young women's actual alternatives. Almost half the age groups are not in school. They have already dropped out. Of the remainder, 80% qualify for using the clinics, having obtained written parental permission, but only about 20% of the 80% who could receive free family planning services do so. In trying to get a larger percentage of students to use the family planning service of our clinic, we tell them "an unplanned pregnancy will stop your future plans." Unfortunately, most of these young people see themselves as having no future.

We tell them that their education will be interrupted. In reality, the drop out rate is over 80% in one of our schools.

We tell them that "if you delay pregnancy, you can graduate and get a good job, a ticket out." In reality, there are no good jobs in their communities. Even if they graduate and leave the community to work, it is at minimal wage with poor benefits. The drug dealer whom they see around does much better.

We tell them they are "not prepared to parent." In reality, their own mothers may have been younger when they were born and the girls say, "We turned out okay."

When we wait until the kids are in high school, we find a very unstable group of youngsters and often feel we joined the fight too late. By high school their value system is pretty well set. Early childbearing is often the norm among their own mothers and most of their friends. When these teenagers deal daily with the possibility of a violent death, as 90% of them do, whether they delay a pregnancy or not seems to be of little importance.

Poverty of this underclass is much more than being jobless or poor. It also generally means living in a very violent surrounding. Kids and young adults live in a "might makes right" environment. If you are male and not

as big and strong as the next guy, you'd better not let him know you have a few dollars or a new jacket or even shoes he might covet. He might take them. Maybe his gang or his buddies will be asked to lend their muscle or their guns. If you value your health or your life, you do not argue.

And, if you are a young woman, 12 or 13 years old, and some male, any male, takes a fancy to you, it is dangerous not to go along if you want to live and not be beaten up or raped. Of 455 Ounce of Prevention teenage moms, 61% were sexually abused before their pregnancy and 65% of *them* were sexually abused by more than one perpetrator. Facing this kind of chronic violence, it's no wonder schooling for girls and boys does not seem to offer a lot of hope. If you are 13 or 14 years old, even though you are still in school, you may wonder whether you will *live* to *find out* whether getting a high school degree will help you get a job and a ticket out of the jungle of violence.

In our efforts at prevention, we keep alert to new ideas. For example, we are now beginning to apply what we've learned from the work of the Group for Advancement of Psychiatry which studied teenage pregnancy, and we have learned also from

people like Joy Osofsky who has been working in New Orleans with adolescents at risk. We need more ideas. Nothing is as practical as a good theory and I think the field that we have been laboring in is quite dry of new theories.

We try to be aware of the newer theories based on the work of both research psychologists and clinicians on the front line--the social workers, psychologists, and psychiatrists who treat patients. I find attachment theory to be particularly compelling because it takes the most basic human relationship between infant and caretaker and connects it to later developmental outcomes through carefully-designed clinical studies. Most significantly, attachment theory suggests strategies for early intervention programs.

Teenage parents are more likely to have problems in establishing these critical emotional bonds with their infants. In its 1986 report on "Teenage Pregnancy: Impact on Adolescent Development," the Group for Advancement of Psychiatry concluded: "Teenage pregnancy tends to occur in psychologically compromised adolescents and to impair development regardless of preexisting health or disturbance. Infants will miss having their developmental needs met by mothers or fathers who are immature and in some cases psychologically damaged. The

resulting defects perpetuate themselves in partial emotional development and personality organization."

Here is an example of how child development research and theory--this one concerning violence--gets practical application in the design of actual programs. In Chicago, Prevention through Awareness and Violence Education (PAVE) recently started programs at three YMCAs that serve inner-city kids with a high likelihood of encountering violence. (A recent study of 1,000 Chicago school children on the south and southwest sides found that 74% had witnessed a violent crime, and 46% had been victims themselves.) It plans to expand to nine additional sites within three years. "The goal is to let them know it's OK to talk about this--and it's not OK that there's shooting going on outside or violence at home," said Christy Simonsen, PAVE director. "They don't have to put up with that. They have a right to a safe childhood, and it's OK to feel mad." According to Nancy DuBrow, a PAVE consultant and researcher for the Erikson Institute, the studies show intervention can make a difference: "The resilient children are the ones who found a safe base--and that's often a teacher or minister. If the child can attach himself to that person, he can change his view of the world. ...We want teachers

to be able to make school a safe place for children."

As James Garbarino, president of the Erikson Institute, testified before the U.S. Senate in April: "Part and parcel of any effort to make the world of children and youth safer is the willingness and ability of all adults to take charge of themselves. Evidence from a variety of war zones indicates that the level of emotional upset displayed by adults in a child's life, *not the war situation per se*, was most important in predicting the child's response. Parents who remained calm and in charge, confident and positive, were able to shield their children from much emotional harm. Teachers and other adults can play the same role. Preparing professionals and other adults to play this role must be an item high on our agenda as we develop policy, and direct our resources to meet the mental health and developmental challenges of children in war zones, whether they be overseas or here at home."

You, as psychiatrists, study motivation. To the extent that you can gain insights into the motivational problems that we face, we would vastly benefit.

What can we do to address the clear link between depression and teenage childbearing? What can we do about PTSD?

One other problem is intimately tied to prevention. Most of our state governments do not permit Medicaid to pay for abortions for poor girls. To me it's bizarre that the state should insist that a 14 year old who is pregnant who comes in with her mother and father and says she wants an abortion, cannot have that abortion paid for by the state. That's about as crazy as I can imagine. And still it's the law of most states.

The Group for Advancement of Psychiatry points out that for the pregnant adolescent, abortion is the least risky option: "Despite the potential physical and psychological risks of abortion to adolescents, it is, when morally and religiously possible, the least disabling choice once pregnancy exists. For that pregnancy abortion is a single, time-limited trauma. It avoids the increased sense of loss and guilt attendant upon giving an infant up for adoption after nine months of anticipatory attachment. It precludes the burdens of premature and usually single motherhood. But the very immaturity of adolescence complicates decision making."

Incidentally, this is one area in which I think medical doctors, psychiatrists, pediatricians, any doctor, can play a major role because you are highly regarded by legislators. If you made it your business to speak up for

more contraception and more abortion, I think the balance of forces in this battle is close enough now so that only one or two added voices in many states would tip the scales towards a more rational program.

Underlying the continuing debate on sex education and abortion is the cultural lag our society evidences. Despite a sea change in sexual mores, a substantial part of our electorate still votes as though sex is equated with sin. The sexual revolution must be more than 50 years old, but the Bush administration apparently still has an abortion litmus test which is applied to every new appointment to the Department of Health and Human Services and the National Institute of Health, and the Supreme Court. The voting patterns regarding sex are slowly changing, but we are way behind industrial nations in Europe, for example. And our teenage childbearing rates are between two and seven times as great as countries like the Netherlands, Denmark and France.

Three years ago I closed the Beers lecture at Yale with these words: "Maybe working together, we can use our education and God-given intelligence and human insights to begin to understand the causes of social failure and weed out those causes. Human motivation and social organization

should not be insoluble mysteries, nor should it be beyond the talent of man to organize his society to eradicate the malignancy of a permanent underclass.

"Poverty is not preordained in heaven. It is a problem created by man; if we really want to, we can solve it."

I'm three years more experienced now. I can still conceive of changing the course of our society's decline. But we are three years further down the slide. We need a massive change of direction in public policies relating to prevention. There's a lot of work out there for us all to do.

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